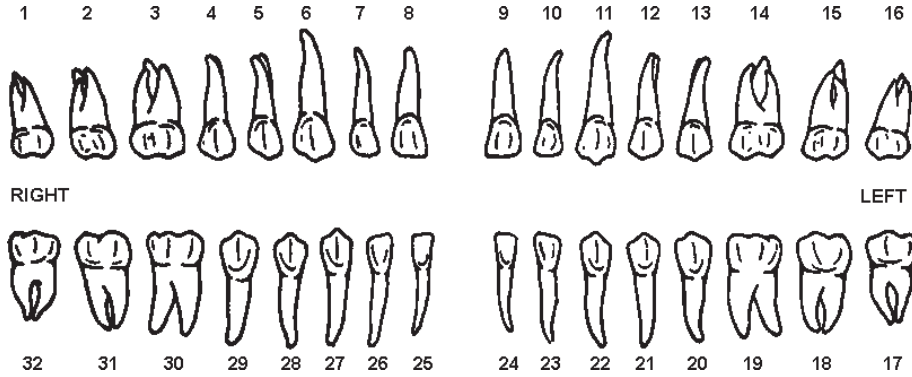




**FALLSGROVE ENDODONTICS**

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Patient \_\_\_\_\_

Referring Dr. \_\_\_\_\_

- Consultation only and call me
- Patient has pain, swelling, or sensitivity
- Endodontics necessary for restoration
- Pulp was exposed (vital / nonvital)
- Tooth has been accessed / pulpotomy
- X-ray revealed radiolucency
- Evaluate for retreatment or surgical endodontics
- Post space desired?     Yes    No
- Premedication required?  Yes    No

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please check this box if you need more referral slips.